Initial ApplicationAmended Application	6
Date:	



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

19-308-CT

□ Candidate				
Committee Name (required): (first or last name & office)				
Candidate Information:	Candidate's Name (required):			
	Candidate's mailing address (required):		emb 1 CD	
	Candidate's email address (required):		9	-
	Candidate's phone number (required):	Marine Marine		70
	Candidate's website (if any):		N	5 °°
Office Sought (choose one):		PTT TE	70	
Election Cycle for Office Soug	ght (year the election will take place) (required):	777	• •	
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:			
■ Political Action Comm				
Committee Name (required): (if sponsored, must include sponsor's name)	Tucson Together			
Political Function (optional): (select any that apply)	 ■ Contributions ■ Candidate-Related Independent Expenditures ■ Ballot Measure Expenditures ■ Recall Expenditures 			
Sponsorship Information:	Sponsor's name or nickname (required):			
(if applicable)	Sponsor's mailing address (required):			
	Sponsor's email address (required):			
	Sponsor's phone number (if any):Sponsor's website (if any):			
Special Status must be filed	d with Secretary of State ☐ Separate Segregated Fund of a Corporation, LI	5 .4	ittee registra	tion)
(if applicable)	☐ Standing Committee (must also complete separate standing D Mega PAC (must provide proof of Mega PAC status to filing officer) (a	mended a		
15		mended a		
(if applicable)	☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (a	mended a		
☐ Political Party Committee Name (required):	■ Mega PAC (must provide proof of Mega PAC status to filing officer) (a State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or	r § 16-804	1)	
if applicable) Political Party Committee Name (required): (must include party affiliation)	■ Mega PAC (must provide proof of Mega PAC status to filing officer) (a State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or County Party (must include proof of qualification pursuant to A.R.S. § 16-802	r § 16-804 or § 16-8	i) 04)	
Tif applicable) Political Party Committee Name (required): (must include party affiliation)	■ Mega PAC (must provide proof of Mega PAC status to filing officer) (a State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or	r § 16-804 or § 16-81 S. § 16-82	l) 04)	

	Initial Application Amended Application
Da	ite:



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required):	1505 W St. Mary 5 Rd, C	186
		, =	lucson AZ 85 745	
		Committee's phone number (if any): 717	8706713 Mand, Karp@ 9Ma	el.ca
		Committee's website (if any):	J	
	Chairperson's Information:	Chairperson's name (required):		
		Chairperson's physical address (required):	3600 W Discol Ln, Tucson, AZ 85745	
		Chairperson's mailing address (if different)		
	K	Chairperson's email address (required):	ATTFD @ MSN. COM	
		Chairperson's phone number (required):		
		Chairperson's employer (required):	retired	
		Chairperson's occupation (required):	retired	
	Treasurer's Information:	Treasurer's name (required):	Amanda Karp 1725 S Corondo Rd, Phoenix AZ 85295	
+0		Treasurer's physical address (required):	1725 S Corondo Rd, Phoenix AZ 85295	
		Treasurer's mailing address (if different): _	3	
		Treasurer's email address (required):		
		Treasurer's phone number (required):	7178706713	
		Treasurer's employer (required):	self	
		Treasurer's occupation (required):	self	
	Bank or Financial Institution:	Bank name (required):	Bank of America	/
	(do not list acct numbers)	Additional bank name (if applicable):		/
/		Additional bank name (if applicable):		
D	ECLARATION AND SIGNATU	JRES:		
	chairperson or treasurer of the committee and authorize it to campaign finance and reporti	e committee named herein, if applicable; (2) receive/make contributions/expenditures or ng guide; (4) agree to comply with Arizona	e and correct. I further declare that I: (1) consent to serve designate the above-named committee as my official candic my behalf, if applicable; (3) have read the Secretary of Sta election law, including campaign finance laws codified at A.F service of process for campaign finance purposes via the er	date te's R.S.
×	Chairperson's signature:	Gridy Trigillo	Date: 6/28/19	
	Treasurer's signature:(Date:6/28/19	
	Candidate's signature (if appli	cable):	Date:	/